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CONFIRMATION NO. 3290

Bib Data Sheet

SERIAL NUMBER 10/663,586	FILING OR 371(c) DATE 09/16/2003 RULE	CLASS 424	GROUP ART UNIT 1618	ATTORNEY DOCKET NO. 8256MC
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

*[Signature]* This application is a CON of 09/957,392 09/20/2001 ABN which claims benefit of 60/235,011 09/25/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 12/09/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature <i>[Initials]</i> Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
OH	0	23	3

**ADDRESS**

27752

**TITLE**

MRI image enhancement compositions

FILING FEE RECEIVED 804	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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